. S. No. 2
DM—5-42
ev. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 28 1942

Registration District No. 8

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 31726

Primary Registration District No. 1003

Registrar's No. 8668

1. PLACE OF DEATH:

(a) County
(b) City or town St. Louis, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Homer Phillips Hospital 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4 days (Specify whether years, months or days)
In this community 10 years

2. USUAL RESIDENCE OF DECEASED: 000

(a) State Missouri (b) County 12
(c) City or town St. Louis, 9 22
(If outside city or town limits, write "RURAL")
(d) Street No. 105 S. 22nd
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Rosa Bell

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Fem.

5. Color or race Col

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Jesse Bell

6. (c) Age of husband or wife if alive 39 years

7. Birth date of deceased March 29, ~~1898~~ 1898 (Month) (Day) (Year)

8. AGE: Years 44 Months 6 Days ~~18~~ 15 If less than one day hr. min.

9. Birthplace Corinth (City, town, or county) Mississippi (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

MOTHER FATHER
12. Name West Moore
13. Birthplace Corinth (City, town, or county) Mississippi (State or foreign country)

MOTHER
14. Maiden name Winnie Wilburn
15. Birthplace Corinth (City, town, or county) Mississippi (State or foreign country)

16. (a) Informant Jesse Bell
(b) Address 914a N. 21st Street

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/20/42 (Month) (Day) (Year)
(c) Place: burial or cremation Greenwood Cem.

18. (a) Signature of funeral director R. M. C. Green
(b) Address 3517 Laclede Ave.

19. (a) OCT 19 1942 (Date received local registrar) (b) J. F. Biedick (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Octoer day 14, year 1942 hour 12 minute 15 A. M.

21. I hereby certify that I attended the deceased from October 10, 1942, to October 14, 1942 that I last saw her alive on October 14, 1942; and that death occurred on the date and hour stated above.

Immediate cause of death — Duration
Peritonitis; Pyelonephritis and Ruptured bladder (Autopsy) — Unknown
Due to
Due to
Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work? (e) Means of injury

23. Signature S. E. Smith (M. D. or other)
Address 360 Lumbrier Date signed 10/15/42

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed P. M. Green

Licensed Embalmer No. 1173

P. O. Address 3517 Laclede Ave

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.